

GAVIN M. GEE  
DIRECTOR

STATE OF IDAHO  
DEPARTMENT OF FINANCE  
IDAHO COLLECTION AGENCY ACT  
NOTIFICATION OF AGENTS/COLLECTORS

LICENSE NO. \_\_\_\_\_

DATE: \_\_\_\_\_

NEW APPLICATION

☐

Check if this is submitted with a new application

NAME OF LICENSEE \_\_\_\_\_

STREET \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

NAME OF SIGNATOR (Print clearly) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

QUARTERLY REPORT ~

New Agents

YEAR

If there are NO new agents or terminated agents for the quarter please check the box below

JUN 15

☐

SEP 15

☐

DEC 15

☐

ANNUAL REPORT

(All Active Agents)

MARCH 15, 20 \_\_\_\_\_

Applicant/Licensee agrees to be responsible, under Title 26, Chapter 22, Idaho Code, for acts of Agent(s) while said Agent(s) is employed by the Licensee. Licensee certifies that Agent(s) has been instructed as to the requirements of the Idaho Collection Agency Act and the Fair Debt Collection Practices Act and that Agent(s) has a reasonable understanding and will comply with same.

**DISCLOSURES: IF YES, THE AGENT MUST SUPPLY A SIGNED DETAILED WRITTEN EXPLANATION ALONG WITH SUPPORTING COURT DOCUMENTS.**

COMPLETE COLUMN B - within the past ten (10) years have you been convicted of or plead guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any felony?

COMPLETE COLUMN C - within the past ten (10) years have you been convicted of or plead guilty or nolo contendere ("no contest") in a domestic, foreign or military court to a misdemeanor involving: Collection, Credit Repair, Debt/Credit Counseling, Debt Buying, Financial Services or a Financial Services related business?

**Listing Order: List Newly Hired Agents first, then list all newly terminated Agents on Quarterly Reports.**

|    | A  | B                      | C                              | D   | E                                     | F                            | G                     | H                        | I                 | J        |
|----|--|------------------------|--------------------------------|---|---------------------------------------|------------------------------|-----------------------|--------------------------|-------------------|----------|
|    | PLEASE TYPE THE AGENT NAME<br>Alphabetical Order by Location<br>LAST, FIRST, (M) | If Yes ✓<br>for Felony | If Yes ✓<br>for<br>Misdemeanor | GROUP BY LOCATION<br>CITY & STATE OF OFFICE | SOCIAL<br>SECURITY # OR<br>EQUIVALENT | DATE OF<br>BIRTH<br>mm/dd/yy | HIRE DATE<br>mm/dd/yy | TERM<br>DATE<br>mm/dd/yy | DESK NAME IF USED | \$20 FEE |
| 1  |  |                        |                                |   |                                       |                              |                       |                          |                   |          |
| 2  |  |                        |                                |   |                                       |                              |                       |                          |                   |          |
| 3  |  |                        |                                |   |                                       |                              |                       |                          |                   |          |
| 4  |  |                        |                                |   |                                       |                              |                       |                          |                   |          |
| 5  |  |                        |                                |   |                                       |                              |                       |                          |                   |          |
| 6  |  |                        |                                |   |                                       |                              |                       |                          |                   |          |
| 7  |  |                        |                                |   |                                       |                              |                       |                          |                   |          |
| 8  |  |                        |                                |   |                                       |                              |                       |                          |                   |          |
| 9  |  |                        |                                |   |                                       |                              |                       |                          |                   |          |
| 10 |  |                        |                                |   |                                       |                              |                       |                          |                   |          |

|    | PLEASE TYPE THE AGENT NAME<br>Alphabetical Order by Location<br>LAST, FIRST, (M) | If Yes ✓<br>for Felony | If Yes ✓<br>for<br>Misdemeanor | GROUP BY LOCATION<br>CITY & STATE OF OFFICE | SOCIAL<br>SECURITY # OR<br>EQUIVALENT | DATE OF<br>BIRTH<br>mm/dd/yy | HIRE DATE<br>mm/dd/yy | TERM<br>DATE<br>mm/dd/yy | DESK NAME IF USED | \$20 FEE |
|----|--|------------------------|--------------------------------|---|---------------------------------------|------------------------------|-----------------------|--------------------------|-------------------|----------|
| 11 |  |                        |                                |   |                                       |                              |                       |                          |                   |          |
| 12 |  |                        |                                |   |                                       |                              |                       |                          |                   |          |
| 13 |  |                        |                                |   |                                       |                              |                       |                          |                   |          |
| 14 |  |                        |                                |   |                                       |                              |                       |                          |                   |          |
| 15 |  |                        |                                |   |                                       |                              |                       |                          |                   |          |
| 16 |  |                        |                                |   |                                       |                              |                       |                          |                   |          |
| 17 |  |                        |                                |   |                                       |                              |                       |                          |                   |          |
| 18 |  |                        |                                |   |                                       |                              |                       |                          |                   |          |
| 19 |  |                        |                                |   |                                       |                              |                       |                          |                   |          |
| 20 |  |                        |                                |   |                                       |                              |                       |                          |                   |          |
| 21 |  |                        |                                |   |                                       |                              |                       |                          |                   |          |
| 22 |  |                        |                                |   |                                       |                              |                       |                          |                   |          |
| 23 |  |                        |                                |   |                                       |                              |                       |                          |                   |          |
| 24 |  |                        |                                |   |                                       |                              |                       |                          |                   |          |
| 25 |  |                        |                                |   |                                       |                              |                       |                          |                   |          |
| 26 |  |                        |                                |   |                                       |                              |                       |                          |                   |          |
| 27 |  |                        |                                |   |                                       |                              |                       |                          |                   |          |
| 28 |  |                        |                                |   |                                       |                              |                       |                          |                   |          |
| 29 |  |                        |                                |   |                                       |                              |                       |                          |                   |          |
| 38 |  |                        |                                |   |                                       |                              |                       |                          |                   |          |
| 39 |  |                        |                                |   |                                       |                              |                       |                          |                   |          |
| 40 |  |                        |                                |   |                                       |                              |                       |                          |                   |          |
| 41 |  |                        |                                |   |                                       |                              |                       |                          |                   |          |
| 42 |  |                        |                                |   |                                       |                              |                       |                          |                   |          |
|    | Total  |                        |                                |   |                                       |                              |                       |                          |                   | 0        |